


FORM
S.F. 6953
(Rev. 5-92)



LEAVE
REQUEST

Use a separate form for each type of leave requested.
Employee DO NOT complete shaded areas.

ATTENDANCE UNIT

ATTENDANCE KEEPER NAME

POSTED

EMPLOYEE'S NAME (Last, First, Initial)		DIVISION, SECTION, OR UNIT		SOCIAL SECURITY NUMBER			
LEAVE BEGINNING		LEAVE ENDING		TOTAL HOURS REQUESTED			
HOUR	A.M.	MON - DAY-YEAR	HOUR	A.M.	MON - DAY - YEAR		
	P.M.			P.M.			
TYPE OF LEAVE VACATION SICK PERSONALHOLIDAY INJURY OR ILLNESS - JOB RELATED SHARED LEAVE TAKEN SHARED LEAVE DONATED COMPENSATORY TIME CIVIL / JURY MILITARY EXCHANGE TIME LEAVE WITHOUT PAY (If checked, supervisor must complete Leave Without Pay block,) OTHER (specify):				MIN	TENTHS	MIN	TENTHS
				1-6		31-36	6
				7-12	2	37-42	7
				13-18	3	43-48	8
				19-24	4	49-5	9
25-30	5	455-60	1.0 hour				
				<input type="checkbox"/> DISAPPROVED (Provide explanation in Comments Section below)			
				LEAVE WITHOUT PAY AUTHORIZED LEAVE WITIOUT PAY UNAUTHORIZED LEAVE WITHOUT PAY			
REASON FOR LEAVE (If necessary)			SUPERVISOR'S SIGNATURE		DATE		
EMPLOYEE'S SIGNATURE		DATE OF REQUEST	Signature of other approving authority				

COMMENTS:

COMPENSATION FOR LEAVE CANNOT EXCEED THE TOTAL LEAVE ACCUMULATED. THEREFORE SHOULD LEAVE BE APPROVED IN EXCESS OF ☐ THE TOTAL ACCUMULATED, IT WILL NOT BE COMPENSATED

CES-SF-6953 ..f